



Environmental Health Laboratory
5251 Dr. MLK JR. AVE.
Anchorage, AK 99507
PH: 907-375-8200

MARINE TOXINS SAMPLE SUBMISSION FORM

LAB USE ONLY

EHL WO#

Business Name		
Business Contact Number		DEC Permit Number
Latitude (Required for Geoducks)		Longitude (Required for Geoducks)
Harvest Site/Geoduck Bed (Required)		Classified Area
Collected By (Printed)		Date & Time Collected
Collected By (Signature) (Required)		
I certify under penalty of perjury that the information provided on this form is true.		
Sample Type:		
<input type="checkbox"/> Pre-Harvest <input type="checkbox"/> Post-Harvest <input type="checkbox"/> Surveillance/Research <input type="checkbox"/> Other: _____		
Test(s) Requested:		
<input type="checkbox"/> Paralytic Shellfish Toxin (PST) - Mouse Bioassay (MBA) Method (Regulatory) <input type="checkbox"/> Domoic Acid		
<input type="checkbox"/> Paralytic Shellfish Toxin (PST) - Post-Column Oxidation (PCOX) Method <input type="checkbox"/> Other: _____		
CHECK EACH SAMPLE TYPE TO BE TESTED	Lot Number	LAB USE ONLY
<input type="checkbox"/> BLUE MUSSELS		LAB ID#
<input type="checkbox"/> RAZOR CLAMS		LAB ID#
<input type="checkbox"/> LITTLE NECKS		LAB ID#
<input type="checkbox"/> OYSTERS		LAB ID#
<input type="checkbox"/> GEODUCKS		LAB ID#
<input type="checkbox"/> CRABS Type: _____		LAB ID#
<input type="checkbox"/> OTHER:		LAB ID#
Comments:		
<input type="checkbox"/> RETURN COOLER & GEL ICE Address: _____		
LAB USE ONLY		
Received By (Signature)		Date & Time Received